Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Sharon t Craig	M M / D D / Y Y Y Y
Mailing Address 1410 Bushville Dr	10 14 2014 Amount
City State Zip Code	20.00
Lenoir NC 28645	Transaction ID: 077f1c96-48f1-4730-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Sharon t Craig	10 14 2014
Mailing Address 1410 Bushville Dr	10 14 2514
	Amount
City State Zip Code	9.00
Lenoir NC 28645	Transaction ID: cc06565d-f3a6-44aa-9
Purpose of Expenditure	Date of Disbursement or Obligation
Mileage Category/ Type 002	10 14 2014
Name of Federal Candidate Support Office	ee Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
	pursement For: Primary General
Per Election for Office Sought 1006579.54 201	
(a) SUBTOTAL of Itemized Independent Expenditures	29.00
(a) 662 16 1/2 of Normalest maspendant Exponditures	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(c) TOTAL independent Experialitates	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Ms. Emily Buchanan	-M / D D / Y - Y - Y - Y
[Electronically Filed] Date	10 16 2014
Signature	

Schedule E)	ADENT EXTEND	TOTILO	PAGE 2 0 FOR SE OF FOR	OF 98 RM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION N	IUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour rep	ort New rep	ort Amends repo	t filed on	Y = Y = Y
Full Name of Payee Donna S Wilson			Date of Public Distribution/Disse	
Mailing Address 4456 Country Hill Dr			10 / 14	2014
4456 Country Hill Dr			Amount	
City	State	Zip Code		20.00
Baton Rouge	LA	70816	Transaction ID : 2c7ed092-056 Date of Disbursement or Obliga	
Purpose of Expenditure Salary		Category/ Type 001	10 / 14 / Y	2014
Name of Federal Candidate		Support	Office Sought: House Distr	ict: 00
Ms. Mary L Landrieu		X Oppose		te: LA
Calendar Year-To-Date Per Election for Office Sought	1	85890.19	Disbursement For: Primary 2014 Other (specify) ▶	K General
Full Name of Payee			Date of Public Distribution/Diss	emination
Donna S Wilson			10 14 Y	2014
Mailing Address 4456 Country Hill Dr			Amount	
City	State	Zip Code		6.30
Baton Rouge	LA	70816	Transaction ID : ff7a1025-bb46 Date of Disbursement or Obliga	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 14 / Y	2014
Name of Federal Candidate		Support	Office Sought: House Distr	ict:00
Ms. Mary L Landrieu		X Oppose	President Sta	ate: LA
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement For: ☐ Primary ☐ 2014 ☐ Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Exp	enditures			26.30
			7 7	
(b) SUBTOTAL of Unitemized Independent E	Expenditures		>	
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 16 7 2014	Y
•				

Schedule E)		1101120		PAGE 3 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
			M = M	/ D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Eric J Smith				blic Distribution/Dissemination
Mailing Address 4967 Dysartville			10	14 2014
4967 Dysarville			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655		on ID : 4a590ce6-a1ac-4f9c-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	006579.54	Disbursement For 2014 Other	: Primary X General
Full Name of Payee				ablic Distribution/Dissemination
Jennifer E Smith			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd				14 2017
'			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655		n ID : 5988adf7-0813-4481-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 10	14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		· •	160.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canon party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	M M / D 10	
Signature				

Schedule E)	L/11 = 1.12.	1101120		PAGE 4 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee Jennifer E Smith			Date of	
Mailing Address 4967 Dysartsville Rd			Amount	14 25.14
City	State	Zip Code		8.40
Morganton	NC	28655		etion ID: 40319fa1-097d-40c5-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	006579.54	Disbursement F 2014 Othe	For: Primary
Full Name of Payee Caleb Craig				Public Distribution/Dissemination
Mailing Address			1	0 14 2014
Mailing Address 1410 Bushville drive			Amount	
City	State	Zip Code		80.00
Lenoir	NC	28645	Transact Date of	ion ID : ca95b635-51ff-4fbd-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	Presiden	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1006579.54	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· -	88.40
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	7.1.7.1.5.1
(c) TOTAL Independent Expenditures			· .	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date		16 2014
Signature		_		

Schedule E)	DENT EXTEND	ITOTIES	<u> </u>	PAGE 5 OF 98 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	t New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Regina R Mouton			Date of Public I	Distribution/Dissemination
Mailing Address 5827 Brighton PI			10	14 2014
			Amount	
City	State	Zip Code		25.00
New Orleans	LA	70131		: e45a940d-5235-48f7-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	185890.19	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Regina R Mouton			10	14 2014
Mailing Address 5827 Brighton PI			Amount	
City	State	Zip Code		3.00
New Orleans	LA	70131		53ad57dc-8eab-4ab3-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures			28.00
,			-	4
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	7
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 16	2014
•				

Schedule E)	INDENT EXICITOR	101120		PAGE 6 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
				0.11.11.1
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee James Kindstedt				blic Distribution/Dissemination
			10	14 2014
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code		30.00
Winston Salem	NC	27105		n ID: b1fcd12d-f597-457a-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Dis	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	06579.54	Disbursement For: 2014 Other (Primary
Full Name of Payee				blic Distribution/Dissemination
James Kindstedt			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5510 Dogwood Dr				14 2014
			Amount	
City	State	Zip Code		7.80
Winston Salem	NC	27105	Transaction Date of Dis	n ID: 6476360e-c59d-4188-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1006579.54	Disbursement For 2014 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent E	xpenditures		· -	37.80
(b) SUBTOTAL of Unitemized Independen	t Expenditures		· •	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10 16	
Signature				

Schedule E)		110.120		PAGE 7 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			L	0 00000.00
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Joanna Kindstedt			Date of	Public Distribution/Dissemination
			1	0 14 2014
Mailing Address 2134 Tobaccoville Rd			Amount	
City	State	Zip Code		30.00
Rural Hall	NC	27045		ction ID : 98e461dc-dfe9-4db5-9
Purpose of Expenditure Salary		Category/ Type 001	M	Disbursement or Obligation M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	NC NC
Calendar Year-To-Date Per Election for Office Sought	1(006579.54	Disbursement 2014 Oth	For: Primary
Full Name of Payee			<u> </u>	Public Distribution/Dissemination
Casey Stockton			М	M / D D / Y Y Y Y
Mailing Address 105 South Dale St				0 14 2014
100			Amount	
City	State	Zip Code		70.00
Spruce Pine	NC	28777	Transac Date of	tion ID : 26044ee3-e003-4059-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 14 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	Presider	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disbursement 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditur	əs		· •	100.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		16 2014
Signature				

Schedule E)	LIVI EXI END	HORLS	PAGE 8 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			10 / 14 / 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	21.30
Spruce Pine	NC	28777	Transaction ID : bbbad7e1-df3a-4b1e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	1	006579.54	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mary Johnson			10 14 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	70.00
Spruce Pine	NC	28777	Transaction ID: 79ad1f40-7407-4616-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		91.30
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

	,						FOR SE OF	FORM 24/48
	MMITTEE (In Full)					FEC I	DENTIFICATION	N NUMBER ▼
vvomen S	speak Out PAC					С	C00530766	
Check if	24-hour report X 48-hour report	X New repo	rt Am	ends repo		M = M	/ D = D /	Y = Y = Y = Y
Full Name					Date	of Publ	ic Distribution/l	Dissemination
	Persinger-Buckler					10 ^M	14	2014
Mailing Ad	dress 5330 Nestleway Dr				Amo	unt		
City	Si	tate 2	Zip Code		—Г			42.50
Clemmon	· · · · · · · · · · · · · · · · · · ·	NC	27012				ID: 3f97d474- oursement or O	
Purpose o Salary	Expenditure		Category/ Type	001		10	14	2014
Name of F	ederal Candidate			Support	Office Soug	ht:	House I	District: 00
Ms. Kay F	agan			Oppose	Presid	_	Senate	State: NC
	dar Year-To-Date lection for Office Sought	100	06579.54		Disburseme 2014		Primary pecify) ▶	General
Full Name Toni A	Persinger-Buckler				Date Amo	10 M	lic Distribution/	Dissemination 2014
City	S	tate	Zip Code					3.00
Clemmon		NC	27012				ID: ddb0a84f-3	3ca9-4255-a
Purpose of Mileage	f Expenditure		Category/ Type	002		M M M 10	14	2014
Name of I	ederal Candidate			Support	Office Soug	ht:	House	District: 00
Ms. Kay H	agan		X	Oppose	Presid	dent	X Senate	State: NC
	dar Year-To-Date lection for Office Sought	1 1 7	1006579.5	4	Disburseme 2014		Primary	X General
(a) SUBTO	TAL of Itemized Independent Expenditures				•	7	1 1 4	45.50
(b) SUBTO	TAL of Unitemized Independent Expenditures	s			•	-		
(c) TOTAL	Independent Expenditures				•			- 49-
with, or at t	Ity of perjury I certify that the independent on request or suggestion of, any candidate cittee) any political party committee or its age	or authorized						
Ciamat	Ms. Emily Buchanan	[Electronic	cally Filed]	Date	M M /	16	201	
Signatur	;							

PAGE

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Schedule E)	IN EXIEND	ITOTILO	PAGE 10 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Charleen Ecuyer			10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3738 Woodland Ridge Blvd			Amount
City	State	Zip Code	24.00
Baton Rouge	LA	70816	Transaction ID : ddab3353-54e0-4af1-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	185890.19	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Charleen Ecuyer			10 14 2014
Mailing Address 3738 Woodland Ridge Blvd			Amount
City	State	Zip Code	3.30
Baton Rouge	LA	70816	Transaction ID : d496fcd1-b8fd-4620-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	185890.19	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendi	tures		27.30
(b) SUBTOTAL of Unitemized Independent Experi	nditures		•
(c) TOTAL Independent Expenditures			
	lidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 16 7 2014
J			

Schedule E)		PAGE 11 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report	Amends report filed on	
Full Name of Payee Vanessa E Ecuyer	Dat	e of Public Distribution/Dissemination
Mailing Address 3738 Woodland Ridge Blvd		10 / 14 / 2014
Walling Address 3/38 Woodland Ridge Biva	Am	ount
City State Zip Code		24.00
Baton Rouge LA 70816		nsaction ID : a5fd8960-eeb9-49c7-9 e of Disbursement or Obligation
Purpose of Expenditure Salary Catego Ty	ry/ 001	10 14 Y 2014
Name of Federal Candidate	Support Office Sou	ight: House District: 00
Ms. Mary L Landrieu		sident State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursem 2014	nent For: Primary
Full Name of Payee	Dat	te of Public Distribution/Dissemination
Chelsey Waite		10 14 2014
Mailing Address 3738 Woodland Ridge Blvd	Am	ount
City State Zip Code		24.00
Baton Rouge LA 70816	Tran	nsaction ID : bf1199a9-4d55-43ac-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Catego Ty		10 14 2014
Name of Federal Candidate	Support Office Sou	ught: House District:00
Ms. Mary L Landrieu	Oppose Pres	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 18589	0.19 Disbursem	nent For:
(a) CUPTOTAL of Herrical Line 1 and 5		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	48.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	7 7 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed	d] Date 10	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	I EXI EIID			PAGE 12 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Judith A Murphy			M	
Mailing Address PO Box 37			Amount	2014
City East Bend	State NC	Zip Code 27018	Transac	57.50 tion ID : ea2588ab-08cb-4841-b
Purpose of Expenditure Salary		Category/		Disbursement or Obligation
Name of Federal Candidate		Type Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	006579.54	Disbursement F 2014 Othe	for:
Full Name of Payee Judith A Murphy			Date of	
Mailing Address PO Box 37			Amount	2017
City	State	Zip Code		13.91
East Bend Purpose of Expenditure	NC	27018 Category/ 002		ion ID : ed62c8a4-56e6-4664-b Disbursement or Obligation
Mileage		Type 002	10	
Name of Federal Candidate Ms. Kay Hagan		Support Oppose	Office Sought: President	House District: 00 Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7-1-7	1006579.54	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUPTOTAL of Itamized Independent Expanditure				74.44
(a) SUBTOTAL of Itemized Independent Expenditure	5		•	71.41
(b) SUBTOTAL of Unitemized Independent Expendit	ures		• •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	4.0	16 2014

Schedule E)		101.20		PAGE 13 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 000000.00
Check if 24-hour report X 48-hour report	X New repo	ort Amends	report filed	on Mam / Dad / Yayayay
Full Name of Payee				Date of Public Distribution/Dissemination
Claud B Murphy JR				10 14 2014
Mailing Address PO Box 37				Amount
City St	tate	Zip Code		57.50
	NC	27018		Transaction ID : b2e16950-84dc-4450-9
Purpose of Expenditure Salary		Category/ Type	001	Date of Disbursement or Obligation
Name of Federal Candidate		Suppor	rt Office	e Sought: House District: 00
Ms. Kay Hagan		Oppose		President Senate State: NC
Calendar Year-To-Date	10	00570.54		ursement For: Primary X General
Per Election for Office Sought	10	06579.54	2014	Other (specify)
Full Name of Payee Dylan J Sparks				Date of Public Distribution/Dissemination
				10 14 2014
Mailing Address 915 East Market Ave				Amount
City	tate	Zip Code		50.00
Searcy	AR	72149		Transaction ID: 8d9642d3-e62e-4d61-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	10 14 2014
Name of Federal Candidate		Suppor	rt Offic	e Sought: House District: 00
Mr. Mark L Pryor		X Oppos	е	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought		165388.67	Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures			······ >	107.50
(b) SUBTOTAL of Unitemized Independent Expenditures	S		······ >	
(c) TOTAL Independent Expenditures			······ >	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed]	Date 1	0 16 2014
Signature				

Schedule E)	PAGE 14 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 000000000
Check if 24-hour report X 48-hour report New report Amends report	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Dylan J Sparks	10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 East Market Ave	Amount
City State Zip Code	33.60
Searcy AR 72149	Transaction ID : ffc05826-6687-4f39-9
Purpose of Expenditure Mileage Category/ Type 002	Date of Disbursement or Obligation 10 14 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Odiciladi ical io batc	Disbursement For: Primary General
Full Name of Payee	Other (specify) ► Date of Public Distribution/Dissemination
Monique Guillory	M - M / D - D / Y - Y - Y
Mailing Address 409 LaSalle Drive	10 14 2014
409 Laballe Drive	Amount
City State Zip Code	50.00
Little Rock AR 72211	Transaction ID: c096970b-3285-4332-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 14 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	83.60
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were nowith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 16 2014
Signature	

Scl	hedule E)	PAGE 15 OF 98 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Monique Guillory	10 14 2014
	Mailing Address 409 LaSalle Drive	Amount
ŀ	City State Zip Code	45.00
	Little Rock AR 72211	Transaction ID: c637be8d-021b-4dae-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y Y 14 2014
ı	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
Γ	Full Name of Payee	Date of Public Distribution/Dissemination
١	Beau Autin	10 14 2014
ľ	Mailing Address 345 Auroura Ave	10 14 2014
١		Amount
ŀ	City State Zip Code	20.00
		Transaction ID: edf7e15a-a209-4561-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M 10
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	0 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

		FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
	Full Name of Payee Beau Autin	Date of Public Distribution/Dissemination
L		10 14 2014
	Mailing Address 345 Auroura Ave	Amount
-	City State Zip Code	1.59
	Metairie LA 70006	Transaction ID : be9167bd-8062-4c94-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 14 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	Me Mary I Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For:
Γ	Full Name of Payee James R Hooper	Date of Public Distribution/Dissemination
	Mailing Address 502 N Oak St	Amount
Н	City State Zip Code	32.50
	Little Rock AR 72205	Transaction ID: d0125f06-a20f-490b-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 14 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
L	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
(a	a) SUBTOTAL of Itemized Independent Expenditures	34.09
(k	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	
W	nder penalty of perjury I certify that the independent expenditures reported herein were not maith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE

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OF

Sch	nedule E)		1101120		PA FO	GE 17 OF 98 R SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					TIFICATION NUMBER ▼
W	omen Speak Out PAC					530766
Che	ck if 24-hour report X 48-hour report New	v reno	ort Amends repor	rt filed on	M = M / D	** D / Y ** Y ** Y
_		<u> </u>	7 mende reper	11 11100 011		
	Full Name of Payee Anselma A Trinidad			Da		stribution/Dissemination
	Mailing Address 7915 Curtina Ln			Ar	nount	
-	City State		Zip Code	— Г		67.50
	Lewisville NC		27023			Bb5708a0-de5f-4736-8 nent or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 /	14 2014
Ī	Name of Federal Candidate		Support	Office So	ught: H	louse District: 00
	Ms. Kay Hagan		X Oppose	Pre	sident S	senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	006579.54	Disburser 2014	ment For: Other (specify	Primary
Γ	Full Name of Payee			Da	ate of Public Dis	stribution/Dissemination
1	Gabriela P Sosa				10 / E	14 2014
ľ	Mailing Address 2530 Brook Stone Dr			Δ,	mount	
1					nount	
	City State		Zip Code			67.50
	Clemmons		27012	Tra	nsaction ID : f9 ate of Disburser	9d4d46c-5d36-4f88-a ment or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 /	14 2014
ı	Name of Federal Candidate		Support	Office Sc	ught: F	louse District: 00
	Ms. Kay Hagan		Oppose	Pre	esident X S	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disburser 2014	ment For: Other (specify	Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures			•	7	135.00
(k	b) SUBTOTAL of Unitemized Independent Expenditures			•		7 7
(0	c) TOTAL Independent Expenditures			•	7	7
W	nder penalty of perjury I certify that the independent expendith, or at the request or suggestion of, any candidate or authoracty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Ele	ectroni	ically Filed] Date	10	16	2014
	Signature					

Schedu	le E)	1 =/11 =:12.	1101120		PAGE 18 OF 98 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
					-M / D - D / Y - Y - Y
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
	lame of Payee oriela P Sosa				of Public Distribution/Dissemination
Mailin	g Address 2530 Brook Stone Dr			Amou	
City		State	Zip Code	— L.	18.00
	mons	NC	27012		action ID : 7c8c9be2-eb4b-4ec1-9 of Disbursement or Obligation
Purpo Milea	se of Expenditure age		Category/ Type 002		10
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. k	Kay Hagan		X Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought	10	006579.54	Disbursemen 2014 O	t For: Primary X General
	lame of Payee ad E Day				of Public Distribution/Dissemination
	•			IV	10 14 2014
Mailir	ng Address 168 Emerald Hill			Amou	nt
City		State	Zip Code		75.00
	st City	NC	28043	Transa Date	ction ID : be818e6d-02d9-49ea-8 of Disbursement or Obligation
Purpo Sala	ose of Expenditure ry		Category/ Type 001	N	10 14 2014
Name	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. k	Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	1006579.54	Disbursemen 2014 O	t For:
(a) SU	BTOTAL of Itemized Independent Expenditure	98			93.00
(b) SU	BTOTAL of Unitemized Independent Expendit	rures			7117117
• •					4 4
(c) TO	TAL Independent Expenditures			· •	7 1 7 1 7
with, or	penalty of perjury I certify that the independer at the request or suggestion of, any candida ommittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M /	16 2014
Sign	nature		_		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	w report Amends report filed on Amends report
Full Name of Payee Alice K Salazar	Date of Public Distribution/Dissemination
	10 / 14 / 2014
Mailing Address 605 W Houston St	Amount
City State	Zip Code 50.00
Marshall TX	75633 Transaction ID : 9e69ad45-3e3c-4eff-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 14 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Alice K Salazar	10 / 14 / 2014
Mailing Address 605 W Houston St	Amount
City State	Zip Code 44.40
Marshall TX	75633 Transaction ID : a12da888-9292-4ce6-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 14 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	94.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
	litures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
	ectronically Filed] Date 10 16 2014
Signature	

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OF

Schedule E)	INI EXI END	HONES	PAGE 20 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			10 / 14 / 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	52.50
Spindale	NC	28160	Transaction ID : 42574ca1-9279-4b44-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	11	006579.54	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			10 14 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	44.34
Spindale	NC	28160	Transaction ID : 5413247c-0271-4bc4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1006579.54	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Expendi	tures		96.84
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			>
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 16 7 2014
-			

Schedule E)	PAGE 21 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Kirsten E McKinney	te of Public Distribution/Dissemination
Mailing Address 1419 S Highbush Ave	10 14 2014
City State Zip Code	32.50
Fayetteville AR 72701 Tra	Insaction ID: 9f8dc10e-bfb3-4997-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Morkel Dryon	sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
Full Name of Payee Kirsten E McKinney	te of Public Distribution/Dissemination
Mailing Address 1419 S Highbush Ave Am	nount
City State Zip Code	21.00
Fayetteville AR 72701 Tran	nsaction ID : b78fb9ee-5877-4dbc-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 14 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr Mark I Pryor	sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	53.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Ms. Emily Buchanan [Electronically Filed] Date	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Scł	hedule E)	PAGE 22 OF 98 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
		M = M / D = D / Y = Y = Y
	ck if 24-hour report 48-hour report New report Amends report filed or	n
	Full Name of Payee Avery Rodriguez	Date of Public Distribution/Dissemination
	Mailing Address 11 Cooper Lane	Amount
H	City State Zip Code	157.00
١	Conway AR 72034	Fransaction ID : d27d0091-8e76-4a60-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 14 2014
ŀ	Name of Federal Candidate Support Office S	Sought: House District: 00
	Mr. Mark I. Pryor	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	ement For:
ľ		Date of Public Distribution/Dissemination
	Avery Rodriguez	10 14 2014
ŀ	Mailing Address 11 Cooper Lane	10 14 2514
		Amount
ŀ	City State Zip Code	17.67
	,	ransaction ID : 6a76c353-be2e-49cb-9 Date of Disbursement or Obligation
١	Purpose of Expenditure Mileage Category/ Type 002	10 / 14 / 2014
	Name of Federal Candidate Support Office S	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	ement For:
(8	a) SUBTOTAL of Itemized Independent Expenditures	174.67
(l	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not made vith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	16 2014
	Signature	

Schedule E)	101123	PAGE 23 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	ort Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Lynn M Jacuzzi		10 14 2014
Mailing Address 4715 Sugar Maple Ln		Amount
City State	Zip Code	31.00
Little Rock AR	72212	Transaction ID: e09d3cc4-6f54-41f0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 14 / 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Dis 201	bursement For: Primary General Other (specify) Other
Full Name of Payee		Date of Public Distribution/Dissemination
Lynn M Jacuzzi		M M / D D / Y Y Y Y
Mailing Address 4715 Sugar Manle I n		10 14 2014
Mailing Address 4715 Sugar Maple Ln		Amount
City State	Zip Code	3.00
Little Rock AR	72212	Transaction ID : 6365f133-561f-4cfb-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 14 / 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose □	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	165388.67 Dis 20	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	34.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electroni	cally Filed] Date	10 16 2014
Signature		

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Logan B Piper	10 14 2014
	Mailing Address 3205 Pebble Beach Rd	Amount
	City State Zip Code	24.00
	Conway AR 72034	Transaction ID : cc8b055c-4f8a-4ee9-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General
	Per Election for Office Sought	Other (specify)
	Full Name of Payee Logan B Piper	Date of Public Distribution/Dissemination
	Mailing Address 3205 Pebble Beach Rd	10 14 2014
		Amount
	City State Zip Code	20.22
	Conway AR 72034	Transaction ID : f021ce4e-c036-45e9-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 14 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	44.22
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) (1 7) 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

Schedule E)		DEITT EXI EITD			PAGE 25 OF 98 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if 24-	nour report X 48-hour repo	rt New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
		it New Tep	ort Amends repo	or filled off	
Full Name of Patricia I					of Public Distribution/Dissemination
Mailing Addre	SS 1117 Clipper Dr			Amour	nt
City		State	Zip Code		9.00
Slidell		LA	70458		action ID: b46c974e-0e9b-4573-8 of Disbursement or Obligation
Purpose of E Salary	xpenditure		Category/ Type 001	M	10 14 2014
Name of Fed	eral Candidate		Support	Office Sought	: House District: 00
Ms. Mary L L	andrieu		Oppose	Preside	
	r Year-To-Date tion for Office Sought	1	85890.19	Disbursement 2014 Ot	t For:
Full Name of Patricia F					of Public Distribution/Dissemination
Mailing Addre	255 4447 Ol'anna Ba				10 14 2014
Mailing Addre	^{SS} 1117 Clipper Dr			Amou	nt
City		State	Zip Code		0.90
Slidell		LA	70458	Transa Date o	ction ID : 869fff48-27fd-449f-9 of Disbursement or Obligation
Purpose of E Mileage	xpenditure		Category/ Type 002		10 / 14 / 2014
Name of Fed	eral Candidate		Support	Office Sough	t: District: 00
Ms. Mary L L	andrieu		Oppose	Preside	ent X Senate State: LA
	r Year-To-Date tion for Office Sought		185890.19	Disbursemen 2014 O	t For:
(a) SUBTOTA	L of Itemized Independent Expe	nditures		· •	9.90
(b) SUBTOTA	L of Unitemized Independent Ex	rpenditures		. •	7 7 7
(c) TOTAL Inc	lependent Expenditures			· [7 1 7 1 7
with, or at the		andidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
<i>M</i>	ls. Emily Buchanan	[Electron	ically Filed] Date	m m /	16 2014
Signature					

Sch	nedule E)	71.01120	F	PAGE 26 OF 98 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼
W	omen Speak Out PAC			00530766
Che	ck if 24-hour report X 48-hour report X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
_		7 mondo repor	t mod on	
	Full Name of Payee Anthony Buchanan		Date of Public	Distribution/Dissemination 14 2014
	Mailing Address 1090 McHone Rd		Amount	
-	City State	Zip Code		70.00
- 1	Spruce Pine NC	28777		D: 836c57cd-918c-40b3-8 sement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10	14 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	006579.54	Disbursement For: 2014 Other (spe	Primary
Γ	Full Name of Payee		Date of Public	Distribution/Dissemination
1	Adam L Clark		10	14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 1851 S Laura St			
1			Amount	
ŀ	City State	Zip Code		45.00
	Wichita KS	67211		: 2753c093-e181-4180-a rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10	14 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Greg Orman	Oppose	President X	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	98.00	Disbursement For: 2014 Other (spe	Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures		•	115.00
(k	o) SUBTOTAL of Unitemized Independent Expenditures		•	7
(0	c) TOTAL Independent Expenditures)	7
W	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date	10 / 16	/ Y Y Y Y Y Y 2014
	Signature			

······································	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Cayenne C Corbin	10 14 2014
Mailing Address 1851 S Laura St	Amount
City State Zip Code	45.00
Wichita KS 67211	Transaction ID: 99b871e1-a053-49b1-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 14 2014
Name of Federal Candidate Support Office	Sought: House District:00
Mr. Greg Orman	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Cayenne C Corbin	10 14 2014
Mailing Address 1851 S Laura St	Amount
City State Zip Code	3.00
· ·	Transaction ID : 39452239-1951-4f19-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	48.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

OF

Schedule E)	LINDENT EXPENDI	TOTILS	PAGE 28 OF FOR SE OF FORM 24	98 I/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMB	ER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	t filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemina	ation
John K Necaise III			10 14 Y Y 2014	
Mailing Address 1905 Franklin Ave			Amount	
City	State	Zip Code	4	0.00
New Orleans	LA	70117	Transaction ID : 61467de0-6bed-4c ⁻ Date of Disbursement or Obligation	10-b
Purpose of Expenditure Salary		Category/ Type 001	10 14 2014	
Name of Federal Candidate		Support	Office Sought: House District: _	00
Ms. Mary L Landrieu		X Oppose	President State:	LA
Calendar Year-To-Date Per Election for Office Sought	1	85890.19	Disbursement For: ☐ Primary ☐ Graduation Other (specify) ►	eneral
Full Name of Payee			Date of Public Distribution/Dissemina	ation
John K Necaise III			10 14 2014	4
Mailing Address 1905 Franklin Ave			Amount	
City	State	Zip Code	7.	.44
New Orleans	LA	70117	Transaction ID : a2cfdf98-2a18-4ced Date of Disbursement or Obligation	-9
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D / Y Y 2014	
Name of Federal Candidate		Support	Office Sought: House District: _	00
Ms. Mary L Landrieu		X Oppose	President State:	LA
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	185890.19	Disbursement For: ☐ Primary ☐ G 2014 ☐ Other (specify) ▶	eneral
(a) SUBTOTAL of Itemized Independent E	xpenditures		47.4	4
			7	
(b) SUBTOTAL of Unitemized Independen	t Expenditures		>	
(c) TOTAL Independent Expenditures			-	
	ny candidate or authorized		not made in cooperation, consultation, or consistent, or (if the reporting entity is not a po	
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	10 16 / 2014	
Ms. Emily Buchanan	ŭ	ically Filed] Date		

Schedule E)		T EXI END	101120		PAGE 29 OF 9 FOR SE OF FORM 24/4	8
NAME OF COMMITTEE (Ir					FEC IDENTIFICATION NUMBER	
Women Speak Ou	it PAC				C C00530766	
				-	M = M / D = D / Y = Y = Y	Y
Check if 24-hour repor	t X 48-hour report	New repo	ort Amends rep	ort filed on		
Full Name of Payee Xavier Miller				Date	e of Public Distribution/Dissemination	
Mailing Address 407 ra	indall Dr			_	10 14 2014	
				Amo	ount	_
City		State	Zip Code		70.0	00
Searcy		AR	72143		nsaction ID : bbe1c3d4-0fd3-4b3b- e of Disbursement or Obligation	·a
Purpose of Expenditure Salary	•		Category/ Type 001		10 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candi	idate		Support	Office Soug	ght: House District: 0	0
Mr. Mark L Pryor			X Oppose	Presi	ident X Senate State: AF	₹
Calendar Year-To-E Per Election for Of		, 1	65388.67	Disburseme 2014	ent For: Primary X Gen	eral
Full Name of Payee		_		Date	e of Public Distribution/Dissemination	on
Xavier Miller					10 14 2014	Y
Mailing Address 407	randall Dr				10 14 2014	-
				Amo	ount	
City		State	Zip Code		45.00)
Searcy		AR	72143	Trans Date	saction ID: 7f717f71-a566-4216-b e of Disbursement or Obligation	
Purpose of Expenditure Mileage)		Category/ Type 002		10 / 14 / Y 2014	Y
Name of Federal Cand	idate		Support	Office Sou	ght: House District: 0	00
Mr. Mark L Pryor			Oppose	Presi	ident State: Al	R
Calendar Year-To-I Per Election for O		, , ,	165388.67	Disburseme 2014	ent For:	eral
_						
(a) SUBTOTAL of Itemiz	zed Independent Expenditure	es		▶	115.00	
(b) SUBTOTAL of Unite	mized Independent Expendi	tures		.		
(c) TOTAL Independent	Expenditures					
with, or at the request o		ate or authorized			cooperation, consultation, or conc if the reporting entity is not a politi	
Ms. Emily B	uchanan	[Electron	ically Filed] Dat	te 10	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature						

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 30 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			10 14 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	50.00
Mt. Airy	NC	27030	Transaction ID: 810040b3-4998-4d96-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	006579.54	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			10 14 / Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	11.97
Mt. Airy	NC	27030	Transaction ID: 9f5c8697-077b-4e8d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expen	ditures		61.97
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

ScI	chedule E)		PAGE 31 OF 98 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends	s report filed	d on M = M / D = D / Y = Y = Y
T	Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination
-	Mailing Address 2517 N 47th St		10 14 2014 Amount
-	City State Zip Code		70.00
	Milwaukee WI 53210		Transaction ID : b21272d1-1f38-4851-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate Suppo	ort Offic	ee Sought: House District: 00
	Ms. Mary L Landrieu Oppos		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 185890.19	Disb 2014	oursement For: Primary General Other (specify)
	Full Name of Payee Mark McNair		Date of Public Distribution/Dissemination
	Mailing Address 11 Cooper Lane		Amount
ŀ	City State Zip Code		126.00
	Conway AR 72034		Transaction ID : 3330bd9b-da35-42b1-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	10 / 14 / 2014
Ī	Name of Federal Candidate Suppo	ort Offic	ce Sought: House District: 00
	Mr. Mark L Pryor Oppos	se	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought 165388.67	Disb 201	oursement For: Primary General Other (specify)
(6	(a) SUBTOTAL of Itemized Independent Expenditures	······	196.00
(1	(b) SUBTOTAL of Unitemized Independent Expenditures	······ >	
(0	(c) TOTAL Independent Expenditures	··········· >	
W	Under penalty of perjury I certify that the independent expenditures reported herein very with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.		
		Date	10 16 2014
	Signature		

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Mark McNair	Date	e of Public Distribution/Dissemination
		M M / D D / Y Y Y Y Y 10 10 14 2014
Mailing Address 11 Cooper Lane	Amo	punt
City Stat	e Zip Code	27.99
Conway AR		nsaction ID : 1f244601-3004-4750-a e of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Soug	ght: House District: 00
Mr. Mark L Pryor	X Oppose Presi	dent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	165388.67 Disburseme 2014	ent For:
Full Name of Payee Antoinette Franklin Mailing Address 8822 Apple St		e of Public Distribution/Dissemination
City Stat	e Zip Code	60.00
New Orleans LA		saction ID: f65fe113-9600-4c32-8 e of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 14 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu	Oppose Presi	ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	185890.19 Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures		87.99
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures	······································	7 7
Under penalty of perjury I certify that the independent ex- with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either, or (i	
Ms. Emily Buchanan	[Electronically Filed] Date 10	16 2014
Signature		

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OF

· · · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New repo	rt Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Antoinette Franklin		10 14 2014
Mailing Address 8822 Apple St		Amount
City State 2	Zip Code	12.00
	70188	Transaction ID: 1ec87e00-9290-488d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 14 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbut 2014	rsement For: Primary
Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St		10 14 2014 Amount
City State	Zip Code	80.00
New Orleans LA	70116	Transaction ID: 248bb89d-3dbd-4a0d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y 10 14 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	185890.19 Disbu 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		92.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic	cally Filed] Date 10	0 16 2014
Signature		

PAGE

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OF

Schedule E)		1101120		PAGE 34 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Tammay Williams			Date of Pub	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		15.00
New Orleans	LA	70116		ID: 708d3909-de16-4a04-9 pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	185890.19	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Ms. Tonya Boyd				lic Distribution/Dissemination
Mailing Address 2357 Fancy Cap Rd			10	14 2014
2007 Failty Cap Nu			Amount	
City	State	Zip Code		50.00
Mt. Airy	NC	27030	Transaction Date of Disl	ID: d9fb5782-f6ed-46eb-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures			65.00
(4)				
(b) SUBTOTAL of Unitemized Independent Expe	nditures		• •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	10 16	2014
Signature				

Schedule E)	JENT EXILINE	TI ONLO	PAGE 35 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			10 14 2014
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	11.79
Mt. Airy	NC	27030	Transaction ID: 80c3fbff-15ef-42d4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	006579.54	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Francesca Blom			10 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbury Ct			Amount
City	State	Zip Code	80.00
Winchester	VA	22602	Transaction ID : 5fc45977-469f-465f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		91.79
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		>
(c) TOTAL Independent Expenditures			•
	indidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3			

Schedule E)	PENT EXTEND	TIONES	PAGE 36 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on Man / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			10 14 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	100.00
Eden	NC	27288	Transaction ID: 3a3f8a46-53df-4a82-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 14 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	006579.54	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	16.20
Eden	NC	27288	Transaction ID: 7c89d85e-31d4-4068-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		116.20
//s) CURTOTAL of Unitervised Independent Fundament			1111111111
(b) SUBTOTAL of Unitermized Independent Exp	enaitures		>
(c) TOTAL Independent Expenditures)
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Ruthie M Thompson	D	Date of Public Distribution/Dissemination
·		10 14 2014
Mailing Address 286 Wrenn Drive	A	mount
City Sta	ate Zip Code	20.00
Lexington		ransaction ID: 33226518-4d38-4e32-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Kay Hagan	Oppose Pr	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1006579.54 Disburse 2014	ement For: Primary
Full Name of Payee Ruthie M Thompson Mailing Address 286 Wrenn Drive		Date of Public Distribution/Dissemination 10 14 2014
City Sta	ate Zip Code	4.20
1 '	IC 27292 Tr .	ansaction ID : 4c0026b0-909d-4a56-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 14 / 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Kay Hagan	∑ Oppose Pr	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1006579.54 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		24.20
(b) SUBTOTAL of Unitemized Independent Expenditures		1 4 1 4 1 4
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 10	16 2014
Signature		

PAGE

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXTEND	ITOTILO	PAGE 38 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carla K Pilgreen			10 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 212 Stonecliff Dr			Amount
City	State	Zip Code	90.00
West Monro	LA	71291	Transaction ID : 50d7f721-3bee-4211-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	85890.19	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carla K Pilgreen			10 14 2014
Mailing Address 212 Stonecliff Dr			Amount
City	State	Zip Code	17.46
West Monro	LA	71291	Transaction ID : c56fb2f1-982b-4af3-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		. 107.46
(,			7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
=			

Sche	edule E)	I EXI END			PAGE 39 OF 98 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Woı	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y = Y
	ull Name of Payee DLynda Walker				of Public Distribution/Dissemination
	ailing Address 10000 Mount Pleasant Rd			— L	10 14 2014
				Amou	nt
Ci	ty	State	Zip Code		40.00
	fidland	NC	28107		action ID: 873f0ad6-2986-4086-8 of Disbursement or Obligation
	urpose of Expenditure salary		Category/ Type 001	M	10 14 7 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
М	ls. Kay Hagan		X Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought	10	006579.54	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	ull Name of Payee			Date	of Public Distribution/Dissemination
1	DLynda Walker				10 14 2014
M	ailing Address 10000 Mount Pleasant Rd			Amou	
Ci	ity	State	Zip Code	— [·	16.20
	/lidland	NC	28107		action ID : 4798bd42-37cf-4837-a of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		10 14 2014
Na	ame of Federal Candidate		Support	Office Sough	nt: House District:00
M	1s. Kay Hagan		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 7	1006579.54	Disbursemer 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditure:	S			56.20
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures			
(,		1100	•••••	,	7 7
(c)	TOTAL Independent Expenditures				7
with	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	16 2014
	Signature		_		

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed or	M M / D D / Y Y Y Y Y
Full Name of Payee	[Date of Public Distribution/Dissemination
Maria A Britt		10 14 2014
Mailing Address 4894 Thunder Bolt	A	Amount
City	State Zip Code	40.00
Concord		Fransaction ID: 6012950c-e84f-4ee3-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 14 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	Oppose P	resident State: NC
Calendar Year-To-Date Per Election for Office Sought	1006579.54 Disburse 2014	ement For: Primary X General Other (specify) ▶
Full Name of Payee Maria A Britt Mailing Address 4894 Thunder Bolt		Date of Public Distribution/Dissemination 10 14 2014 Amount
City	State 7's Code	45.00
City S Concord		15.60 ransaction ID : 3d45fc1b-055f-47cb-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 14 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1006579.54 Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures.	· [55.60
(b) SUBTOTAL of Unitemized Independent Expenditure	es	1 7 1 7 1 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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OF

Scl	hedule E)			_	AGE 41 OF OR SE OF FORM 24	98 I/48
	ME OF COMMITTEE (In Full)		F		ITIFICATION NUMB	
W	omen Speak Out PAC				0530766	
Che	eck if 24-hour report X 48-hour report New report Amen	nds repo	rt filed on	M /	D D / Y Y	Y Y
$\overline{}$	Full Name of Payee		Date of	Public D	istribution/Dissemina	tion
	Tristan Hightower		M		14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ΥΥΥ
	Mailing Address 2490 W Cornerstone PI		Amoun			
ŀ	City State Zip Code				1	0.00
	Fayetteville AR 72703				90184164-e202-4a7 ement or Obligation	'e-b
	Purpose of Expenditure Salary Category/ Type	001		10 /	14 / 2014	
	Name of Federal Candidate	ipport	Office Sought:		House District:	00
	Ma Mark I Bross	ppose	Presider			AR
	Calendar Year-To-Date Per Election for Office Sought		Disbursement 2014 Oth	For:		eneral
Γ	Full Name of Payee				istribution/Dissemina	ation
	Tristan Hightower			M /		Y Y
-	Mailing Address 2490 W Cornerstone PI			10	14 2014	1
Ĭ	Mailing Address 2490 W Cornerstone PI		Amoun	t		
	City State Zip Code			· 	3.	.00
ľ	Fayetteville AR 72703		Transac Date of	tion ID : 0	63fc61e7-e928-4d40 ement or Obligation	1-9
	Purpose of Expenditure Mileage Category/ Type	002		0 /	14 / 2014	
ľ	Name of Federal Candidate Su	upport	Office Sought:		House District: _	00
	Mr. Mark L Pryor		Presider		Seriale State	AR
	Calendar Year-To-Date Per Election for Office Sought 165388.67		Disbursement 2014 Ott	For:		eneral
(a	(a) SUBTOTAL of Itemized Independent Expenditures		•	7	13.0	0
(I	(b) SUBTOTAL of Unitemized Independent Expenditures		•		14110	
(0	(c) TOTAL Independent Expenditures		· .	-	1.45-1.1.45	
W	Under penalty of perjury I certify that the independent expenditures reported herei with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electronically Filed]	Date	10	16	2014	
	Signature					

Schedule E)	INDEL ENDENT EXILENT	31101120	⊢	PAGE 42 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				000530766
			M = M /	D D / Y Y Y Y
	48-hour report New re	eport Amends repor	t filed on	
Full Name of Payee Helen Celestine			Date of Public	Distribution/Dissemination 14 2014
Mailing Address 38346 Quinn R	d		Amount	2017
City	State	Zip Code		61.50
Pearl River	LA	70452		D: 5d061418-8f43-4752-a
Purpose of Expenditure Salary		Category/ Type 001	10 /	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	185890.19	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Helen Celestine			10	14 2014
Mailing Address 38346 Quinn	Rd			2017
			Amount	
City	State	Zip Code		8.79
Pearl River	LA	70452	Transaction ID Date of Disbui	: b1c38234-b257-4663-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	185890.19	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Indep	pendent Expenditures)	70.29
(b) SUBTOTAL of Unitemized Inc	dependent Expenditures		•	
(c) TOTAL Independent Expendit	tures		>	7
Under penalty of perjury I certify with, or at the request or suggest party committee) any political par	tion of, any candidate or authorize			
Ms. Emily Buchanan	[Electro	onically Filed] Date	10 / 16	2014
Signature				

						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC					FEC II	DENTIFICATIO	N NUMBER ▼
Women Speak Out FAC					С	C00530766	
Check if 24-hour report X 48-hour report	X New repo	rt Ame	ends repoi		М	/ D = D /	Y Y Y Y Y
Full Name of Payee Thaddeus A Powell				Date	of Publi	c Distribution/I	Dissemination
					10	14	2014
Mailing Address 7745 SW El Cerrito Dr				Amou	nt		
City	State	Zip Code					5.00
	KS	66614				ID: d2c51112 ursement or O	
Purpose of Expenditure Salary		Category/ Type	001		10	14	2014
Name of Federal Candidate	,	S	upport	Office Sough	nt:	House [District: 00
Mr. Greg Orman		X	ppose	Presid	ent]	X Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought		98.00		Disbursemer 2014		Primary Decify) ▶	X General
Full Name of Payee Randy G Lookabill Mailing Address 200 Carawood Lane					10 ^M	ic Distribution/	Dissemination Y Y Y Y Y Y Y 2014
City	State	Zip Code					27.50
Lexington	NC	27295				D: fcfae411-7 ursement or C	
Purpose of Expenditure Salary		Category/ Type	001		10 ^M	14	2014
Name of Federal Candidate			upport	Office Sough	nt:	House	District:00
Ms. Kay Hagan		X	ppose	Presid	ent]	Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		1006579.54		Disbursemer 2014		Primary pecify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures				· [7	7	32.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•	7		
(c) TOTAL Independent Expenditures				•	-		-
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized						
Ms. Emily Buchanan Signature	[Electronic	cally Filed]	Date	10	16	/ Y Y 2014	
Oignature							

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OF

Schedule E)	. EXI EIVE			PAGE 44 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FF	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Randy G Lookabill			M = 1	
Mailing Address 200 Carawood Lane			Amount	14 2014
City	State	Zip Code		9.00
Lexington	NC	27295		ion ID : eb177efc-3229-4680-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	006579.54	Disbursement For 2014 Othe	or:
Full Name of Payee			Date of F	Public Distribution/Dissemination
Janet Morris			M 10	
Mailing Address 620 Old Barbome Rd Lot 2			Amount	14 2014
Cit.	Ctata	7:- Cada		20.50
City West Monroe	State LA	Zip Code 71291		32.50 on ID : 34e28fb0-b1a3-44fc-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	185890.19	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditure	98			41.50
(b) SUBTOTAL of Unitemized Independent Expendit	ures			T. I. T. I. T. I.
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date		16 2014
Signature				

Schedule E)	LXI LIID	TOTILO				PAGE 45 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC					С	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	rt filed on	M = M	/ D D / Y Y Y Y Y
Full Name of Payee Theresa a Youngblood				Date	M = M	ic Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2				Amo	10 unt	14 2014
City	State	Zip Code		$ \Gamma$		80.00
	VA	22611				ID : 59500429-5756-446a-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001] [10	14 2014
Name of Federal Candidate		⊤ S	Support	Office Soug	ht:	House District: 00
Ms. Mary L Landrieu			ppose	Presid		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		85890.19		Disburseme		Primary X General pecify) ▶
Full Name of Payee				Date	of Publ	ic Distribution/Dissemination
Stuart T Haley					M M M	/ D D / Y Y Y Y Y Y 14 2014
Mailing Address 600 W Vine Ave				I	10	2011
				Amo	unt	
City	State	Zip Code				70.00
	AR	72143				D: a1ddbc8d-59ec-4f92-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001] [10 ^M	14 / 2014
Name of Federal Candidate			Support	Office Soug	ıht:	House District: 00
Mr. Mark L Pryor		\times	Oppose	Presi	dent [Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		165388.67	,	Disburseme 2014		Primary
(a) SUBTOTAL of Itemized Independent Expenditures				•		150.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			· • [
(c) TOTAL Independent Expenditures				• [7	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	16	2014
Signature						

Sched	dule E)	. .	1101120		PAGE FOR S	46 OF 98 E OF FORM 24/48
	OF COMMITTEE (In Full)					CATION NUMBER ▼
Won	nen Speak Out PAC				C C00530	
Check i	if 24-hour report X 48-hour report	New repo	ort Amends	report filed	on M = M / D = E	/
	I Name of Payee				Date of Public Distrib	ution/Dissemination
	tuart T Haley				10 / 14) / Y = Y = Y
Mai	iling Address 600 W Vine Ave				Amount	
City	<i></i>	State	Zip Code			60.00
	earcy	AR	72143		Transaction ID : ef7b Date of Disbursemen	
	rpose of Expenditure leage		Category/ Type	002	10 / 14	
Nar	me of Federal Candidate		Suppoi	rt Office	Sought: Hous	se District: 00
Mr	. Mark L Pryor		X Oppos		President Sena	
	Calendar Year-To-Date Per Election for Office Sought	1	165388.67	Disbu 2014	rsement For: Pri Other (specify) ▶	imary X General
	Name of Payee				Date of Public Distrib	oution/Dissemination
['	rancis Richardson				10 / 14	
Ма	iling Address 220 Doucet Rd				Amount	
_					Amount	
City	у	State	Zip Code			30.00
	afayette	LA	70503		Transaction ID: 902c Date of Disbursemen	a267-6ca5-4405-a t or Obligation
	rpose of Expenditure alary		Category/ Type	001	10 14	
Na	me of Federal Candidate		Suppo	ort Office	Sought: Hous	se District: 00
Ms	s. Mary L Landrieu		X Oppos	se	President Sena	ate State: LA
	Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbu 2014	rsement For: Pr Other (specify) ▶	imary X General
(a) \$	SUBTOTAL of Itemized Independent Expenditures	s		······ >	7	90.00
(b) \$	SUBTOTAL of Unitemized Independent Expenditu	ures		·····	7	7-1-1-2-1
(c) ¹	TOTAL Independent Expenditures			······	42	71171
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 1	M / D D / Y	2014
S	Signature		_			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	10 14 2014
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	1.05
Lafayette LA 70503	Transaction ID : 5b4d1e01-d359-4f31-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 14 2014
Name of Federal Candidate Support Offic	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dist. 2014	oursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Courtney Goldstein	10 14 2014
Mailing Address 1809 N Woodlawn	Amount
City State Zip Code	50.00
Metairie LA 70001	Transaction ID : 4ed22bf8-5bc6-4ce7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 14 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary X General 4 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	51.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 16 2014
Signature	

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OF

Schedule E)				PAGE 48 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Courtney Goldstein			Date of Pu	blic Distribution/Dissemination / 14 2014
Mailing Address 1809 N Woodlawn			Amount	
City	State	Zip Code		5.40
Metairie	LA	70001		on ID: f5d09d7c-96e6-48fd-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	185890.19	Disbursement For 2014 Other	:
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Barbara A Williams			10	14 / 2014
Mailing Address 3002 Darden Rd			Amount	
Apt A				
City Greensboro	State NC	Zip Code 27407	Transaction	70.00 n ID: 424d2865-2f4c-495c-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	14 / Y 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disbursement For 2014 Other	r: Primary
(a) SUBTOTAL of Itemized Independent Expendent	ditures		• []	75.40
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(a) TOTAL ladarandant Funanditura				7 1 7 1 7
(c) TOTAL Independent Expenditures			· L	7 7 7
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any can party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M / D	
Signature		_		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXTEND	TIONES	<u> </u>	PAGE 49 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher Marquess			10	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		60.00
Ville Platte	LA	70586	I	: 7bb0940a-af98-45ce-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	85890.19	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher Marquess			10 /	14 2014
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		36.60
Ville Platte	LA	70586		: 59a49df9-eec6-4984-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		•	96.60
			7	7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 16	2014

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Ame	nends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Sarah Bassil	10 14 2014
Mailing Address 7650 Fallswood Way	Amount
City State Zip Code	20.00
Lorton VA 22079	Transaction ID : fdead820-f4d9-43e6-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001
Name of Federal Candidate	Support Office Sought: House District: 00
Ma March Landien	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 185890.19	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Jeanne Tribou	10 14 2014
Mailing Address 22369 Ponderosa Dr.	Amount
City State Zip Code	20.00
Mandeville LA 70471	Transaction ID: 9514f66d-9789-4969-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 185890.19	9 Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	-
Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 16 2014
Signature	240

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Jeanne Tribou	10 / 14 / 2014
Mailing Address 22369 Ponderosa Dr.	Amount
City State Zip	Code 7.80
Mandeville LA 704	
Purpose of Expenditure Mileage	ttegory/ Type 002 10 14 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 18589	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	
Kenny Wallis	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6412 Osage Dr	Amount
City State Zip	Code 20.00
	Transaction ID : bf86b0f2-7cdb-468d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Ca	ttegory/ Type 001 10 14 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	27.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized con party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically	Filed] Date 10 16 2014
Signature	340

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Schedule E)	141 E/A E/A	1101120		PAGE 52 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Kenny Wallis	<u> </u>		M = M	
Mailing Address 6412 Osage Dr			Amount	14 2014
City	State	Zip Code		7.68
North Little rock	AR	72116		on ID: 0a638d68-dcec-437a-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-	165388.67	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Mr. Roger McKinney Mailing Address 308 West Main Street			Date of Pound 10	ublic Distribution/Dissemination
City	State	Zip Code		110.00
Pilot Mountian	NC	27041	Transactio Date of D	n ID : 99cd919a-776b-49a2-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disbursement Fo 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	117.68
(b) SUBTOTAL of Unitemized Independent Expen	ditures		.	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candiparty committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		6 2014
Signature				

Schedule E)	L /(1 L (1).			PAGE 53 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Mr. Roger McKinney			Date of F	Public Distribution/Dissemination
Mailing Address 308 West Main Street			Amount	14 2014
City	State	Zip Code		26.04
	NC	27041		tion ID : 6fd391f6-9898-42bd-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	006579.54	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
Full Name of Payee Glenda McKinney Mailing Address 308 West Main Street			Date of I	
			Amount	
1 '	State NC	Zip Code 27041		110.00 on ID : 33be8f80-d1ef-4796-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditures			•	136.04
(b) SUBTOTAL of Unitemized Independent Expenditure	əs		·	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	PAGE 54 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amend	Is report filed on
Full Name of Payee Natalie M Foutch	Date of Public Distribution/Dissemination
Mailing Address 1057 Waldron Road	10 / 14 / 2014
	Amount
City State Zip Code	35.00
LaVergne TN 37086	Transaction ID : 1b5294cd-51f5-4240-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 10 14 2014
Name of Federal Candidate Supp	port Office Sought: House District: 00
Mr. Mark L Pryor Opp	
Calendar Year-To-Date Per Election for Office Sought 165388.67	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Rachel H Young	10 14 2014
Mailing Address Box #11543 915 E Market Ave	Amount
City State Zip Code	35.00
Searcy AR 72149	Transaction ID : d61e036a-a551-4461-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 10 14 2014
Name of Federal Candidate Sup	port Office Sought: House District: 00
Mr. Mark L Pryor Opp	
Calendar Year-To-Date Per Election for Office Sought 165388.67	Disbursement For: Primary General 2014
(a) SUBTOTAL of Itemized Independent Expenditures	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 16 2014
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PENT EXI END	ITOTIES	<u> </u>	PAGE 55 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Rachel H Young			10 /	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Box #11543 915 E Market Ave	9		Amount	
City	State	Zip Code		22.50
Searcy	AR	72149		: 3c82935c-18c9-4865-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7 7	165388.67	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Colton R Overcash			10	14 / 2014
Mailing Address 121 Ohara Dr			Amount	
City	State	Zip Code		70.00
Salisbury	NC	28147		: 2b9fee9c-916c-4be2-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	92.50
				7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 16	2014

Schedule E)			PAGE 56 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	-		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	3		C C00530766
Check if 24-hour report	48-hour report New re	report Amends repor	t filed on
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination
Mailing Address 121 Ohara Di	r		10 14 2014
			Amount
City	State	Zip Code	92.40
Salisbury	NC	28147	Transaction ID: ee503a2a-70dc-44f1-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 14 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office So	ught	1006579.54	Disbursement For: Primary
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination
Juseph it itys			10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 160 #50 Po	mpano Dr		Amount
City	State	Zip Code	57.50
New Bern	NC	28560	Transaction ID: 4092c99b-8f3f-430c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office So	pught	1006579.54	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Ind	ependent Expenditures		149.90
(b) SUBTOTAL of Unitemized I	Independent Expenditures		>
(c) TOTAL Independent Expendent	ditures		>
	estion of, any candidate or authoriz		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan		ronically Filed] Date	10 16 2014
Signature			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Joseph R Rys	10 14 2014
	Mailing Address 160 #50 Pompano Dr	Amount
	City State Zip Code	12.06
	New Bern NC 28560	Transaction ID : 41b58b04-4cd1-4505-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 14 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary General
ŀ	Full Name of Payee	Other (specify) Data of Public Distribution/Dissemination
	Kevin L Battle	Date of Public Distribution/Dissemination 10 14 2014
	Mailing Address 3300 Asher Ave	10 14 2014 Amount
	City State Zip Code	80.00
	Little Rock AR 72204	Transaction ID: 2250570a-a734-48a8-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 14 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	92.06
((b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 16 2014
	Signature	

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OF

Schedule E)	DEIT! EXI EITD!			PAGE 58 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Kevin L Battle			Date of Publi	/ D = D / Y = Y = Y = Y = Y = 14 2014
Mailing Address 3300 Asher Ave			Amount	
City	State	Zip Code		63.30
Little Rock	AR	72204		ID: 9ea625c3-90d2-4ca2-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	65388.67	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee ERIC TABARY			Date of Publi	ic Distribution/Dissemination
Mailing Address 6101 NORA ST			Amount	14 2014
City	State	Zip Code		60.00
METAIRIE	LA	70003		D : 4a14010f-a292-479c-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent E	xpenditures		. •	123.30
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 16	/ Y Y Y Y Y 2014
Signature				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Chris McCoy	10 14 2014
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	90.00
High Point NC 27260	Transaction ID : 9b6f0785-c6a7-4b14-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 10
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payer	
Full Name of Payee Chris McCoy	Date of Public Distribution/Dissemination 10 14 2014
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	22.50
High Point NC 27260	Transaction ID : 51c3d65e-73a7-46eb-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 14 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	112.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 1	0 16 2014
Signature	

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI END	HONES	PAGE 60 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			10 14 2014 Amount
City	State	Zip Code	100.00
High Point	NC	27260	Transaction ID : ebebbb0d-e882-41b2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	006579.54	Disbursement For:
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			10
City	State	Zip Code	23.70
High Point	NC	27260	Transaction ID : d4327290-f5d3-42e5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Expen	ditures		123.70
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			>
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g. accio			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI END	THORIES	PAGE 61 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			10 14 2014
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	100.00
Greensboro	NC	27407	Transaction ID: 4df07da6-9e71-4559-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	11	006579.54	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			10
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	22.80
Greensboro	NC	27407	Transaction ID: 2217f748-081f-4f7a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	1006579.54	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		122.80
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			·
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In			FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	IFAU		C C00530766
-			M M / D D / Y Y Y Y
Check if 24-hour report	t X 48-hour report X N	lew report Amends report	
Full Name of Payee Edward N Walke			Date of Public Distribution/Dissemination
	-		10 14 2014
Mailing Address 3 Girar	d St		Amount
City	State	Zip Code	50.00
Ft Smith	AR	72901	Transaction ID: 73534b16-b866-4571-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 14 / 2014
Name of Federal Candid	date	Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President State: AR
Calendar Year-To-D Per Election for Off			Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Edward N Walke	r		10 14 2014
Mailing Address 3 Gir	rard St		Amount
City	State	Zip Code	42.00
Ft Smith	AR	72901	Transaction ID: e41e90d5-1245-4e2e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 14 Y Y Y Y Y Y Y Y Y
Name of Federal Candi	date	Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-D Per Election for Of			Disbursement For: Primary
(a) SUBTOTAL of Itemiz	ed Independent Expenditures		92.00
(b) SUBTOTAL of Uniter	nized Independent Expenditures		
(c) TOTAL Independent	Expenditures		
with, or at the request or			t made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Bu		Electronically Filed] Date	10 16 2014
Signature			

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

	dule E)	LAFLIND	TOTILO		PAGE 63 OF 98 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VVOI	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo		A = M / D = D / Y = Y = Y = Y
	II Name of Payee			Date	of Public Distribution/Dissemination
	Sue G Walker				10 14 2014
Ma	ailing Address 3 Girard			Amou	unt
Ci	ty	State	Zip Code	— F	80.00
F	ort Smith	AR	72901		saction ID: 7e6eb207-371a-427e-8 of Disbursement or Obligation
_	rpose of Expenditure alary		Category/ Type 001		10 14 2014
Na	ame of Federal Candidate		Support	Office Sough	nt: House District: 00
М	r. Mark L Pryor		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	1	65388.67	Disbursemer 2014	nt For: Primary
	Ill Name of Payee			Date	of Public Distribution/Dissemination
<u> </u>	Sue G Walker			[10 14 2014
M	ailing Address 3 Girard			Amo	unt
Ci	ty	State	Zip Code	—Г	49.80
F	ort Smith	AR	72901		action ID: ae071df9-1812-4378-b of Disbursement or Obligation
	ırpose of Expenditure fileage		Category/ Type 002] [10 14 2014
Na	ame of Federal Candidate		Support	Office Soug	ht: House District: 00
M	r. Mark L Pryor		X Oppose	Presid	lent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	165388.67	Disbursement 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditure	26			129.80
(α)	SOBTOTAL OF HOMESON Macportacht Expondition	JO			120.00
(b)	SUBTOTAL of Unitemized Independent Expendi	tures		•	
(c)	TOTAL Independent Expenditures			•	171171171
with	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidary committee) any political party committee or its	ate or authorized			
-	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	- 9				

Schedule E)	DEI ENDENT EXTEND			PAGE 64 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
			M = M	/ D D / Y Y Y Y
Check if 24-hour report X 48-	hour report New rep	ort Amends repo	ort filed on	, , , , , , , , , , , , , , , , , , , ,
Full Name of Payee Debra Lindsey			Date of Publi	c Distribution/Dissemination
Mailing Address 119 Goldenwood	⊃r		10	14 2014
Tro Coldo Micsa	51		Amount	
City	State	Zip Code		80.00
Slidell	LA	70461		ID: b173d051-4d3d-471d-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		85890.19	Disbursement For: 2014 Other (s	Primary ☐ General Decify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Debra Lindsey			M = M	/ D D / Y Y Y Y Y
Mailing Address 119 Goldenwoo	d Dr		10	14 2014
110 Goldenwoo			Amount	
City	State	Zip Code		3.90
Slidell	LA	70461	Transaction I Date of Disb	D: ade50365-07b0-4d9e-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	185890.19	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Indeper	dent Expenditures		· >	83.90
(b) SUBTOTAL of Unitermized Indep	pendent Expenditures		•	7
(c) TOTAL Independent Expenditure	9S		·	7
Under penalty of perjury I certify th with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 10 16	/ Y Y Y Y Y 2014
Signature				

Schedule E)			101120		PAGE 65 OF 98 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
Women Spe	eak Out PAC				C C00530766
				М	- M / D - D / Y - Y - Y
	our report 🔀 48-hour re	eport New repo	ort Amends repo	ort filed on	
Full Name of Joneisha					of Public Distribution/Dissemination
Mailing Addres	SS 2329 Runnymede Dr			Amou	
City		State	Zip Code		50.00
Marrero		LA	70072		action ID: 1bee77c9-fa6d-47ed-9 of Disbursement or Obligation
Purpose of Ex Salary	penditure		Category/ Type 001		10 14 2014
Name of Fede	ral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L La	ndrieu		X Oppose	Preside	ent Senate State: LA
	Year-To-Date ion for Office Sought	1	85890.19	Disbursement 2014 Or	t For:
Full Name of				Date of	of Public Distribution/Dissemination
Joneisha	Stewart			M	10 14 2014
Mailing Addres	SS 2329 Runnymede Dr				لىنىا لىا ك
				Amou	nt
City		State	Zip Code		4.80
Marrero		LA	70072	Transa Date o	ction ID : fdd406d9-b730-4685-b of Disbursement or Obligation
Purpose of Ex Mileage	penditure		Category/ Type 002	M	10 / 14 / 2014
Name of Fede	eral Candidate		Support	Office Sough	t: House District:00
Ms. Mary L La	ndrieu		X Oppose	Preside	ent Senate State: LA
	Year-To-Date ion for Office Sought	, , , ,	185890.19	Disbursemen 2014 O	t For:
(a) SUBTOTAL	of Itemized Independent E	xpenditures		•	54.80
(b) SUBTOTAL	of Unitemized Independen	t Expenditures		• •	7 1 7 1 7
(c) TOTAL Inde	ependent Expenditures			•	7 1 7 1 7
with, or at the i		ny candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
М.	s. Emily Buchanan	[Electroni	ically Filed] Date	10	16 2014
Signature					

Schedule E)				PAGE 66 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee Julia Perry			Date of	f Public Distribution/Dissemination
,				10 14 2014
Mailing Address 2046 Perrin St Apt C			Amoun	t
City	State	Zip Code		30.00
Shreveport	LA	71101		ction ID: e1ee1d12-9fda-4ee7-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, 1	185890.19	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Gary W Fuhrmann				10 14 2014
Mailing Address 9425 Jessica Drive				10 14 2014
3420 Jessica Diive			Amoun	t
City	State	Zip Code		60.00
Shreveport	LA	71106	Transac Date o	tion ID: 3fd42b57-e1db-469e-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 14 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	185890.19	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	90.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	4 1 4 1 4 1
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / 10	16 2014
Signature				

Schedule E)	PAGE 67 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report X New report Amends rep	out filed on Man / Dan D / Yaryary
Check if 24-hour report 48-hour report New report Amends rep	ort filed on
Full Name of Payee Gary W Fuhrmann	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive	Amount
City State Zip Code	11.40
Shreveport LA 71106	Transaction ID: 42eda989-782b-40b4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 185890.19	Disbursement For: Primary
Full Name of Payee Sheri J Peace	Date of Public Distribution/Dissemination
	10 14 2014
Mailing Address 9685 Paula St	Amount
City State Zip Code	45.00
Keithville LA 71047	Transaction ID: 023e6cf0-7c29-4409-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 14 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 185890.19	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	56.40
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURES	50.40
(b) SUBTOTAL of Unitemized Independent Expenditures	··· >
(c) TOTAL Independent Expenditures	··· >
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Dat	te 10 16 2014
Signature	

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Jessica R Resendiz	M 10 / 14 / 2014
Mailing Address 9685 Paula St	nount
City State Zip Code	45.00
Keithville LA 71047 Tra	ansaction ID : 68390c69-6f05-44a2-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	
Full Name of Payee Da	Other (specify) ►ate of Public Distribution/Dissemination
Jessica R Resendiz	10 14 2014
Mailing Address 9685 Paula St	nount
City State Zip Code	18.00
	nsaction ID : cee60805-1c6e-4a0c-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 14 2014
Name of Federal Candidate Support Office So	ught: House District: 00
	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	63.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	16 2014
Signature	

PAGE 68

OF

Sch	nedule E)	EXI EIID	101120		PAGE 69 OF 98 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	= M / D = D / Y = Y = Y
_			, mende repe	Tr mod on	
	Full Name of Payee Lucas H Hoyle				of Public Distribution/Dissemination
1	Mailing Address 282 Falls Ave			Amour	nt
	Dity	State	Zip Code	— I	20.00
- 1	Granite Falls	NC	28630		action ID: 03975800-c5c4-434d-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 14 2014
1	Name of Federal Candidate		Support	Office Sough	: House District: 00
	Ms. Kay Hagan		Oppose	Preside	ent State: NC
	Calendar Year-To-Date Per Election for Office Sought	, 10	06579.54	Disbursement 2014 Of	t For: Primary X General
Г	Full Name of Payee Lucas H Hoyle			Date of	of Public Distribution/Dissemination
	Lucas II Floyle			M	10 14 2014
	Mailing Address 282 Falls Ave			Amou	nt
H	City	State	Zip Code		15.90
	Granite Falls	NC	28630		ction ID : c20e5618-11f2-472d-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 14 2014
Ī	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Ms. Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	yy	1006579.54	Disbursemen 2014 O	t For:
(a	SUBTOTAL of Itemized Independent Expenditures	S			35.90
•	,				7 7
(b	o) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7 7
(c	e) TOTAL Independent Expenditures			•	
wi	nder penalty of perjury I certify that the independer ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	10	16 2014
	Signature		_		

Sched	lule E)	I EXI END	101120		PAGE 70 OF 98 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
01 1 :	√ □ 044		. 🗆 .		M = M / D = D / Y = Y = Y
Check if		New repo	ort Amends rep	ort filed on	
Full H a	Name of Payee annah J Landry			Date	e of Public Distribution/Dissemination
Mail	ing Address 1110 N Coolidge			Amo	ount
City		State	Zip Code		20.00
	nzales	LA	70737		nsaction ID : 5fce3838-d05c-4d04-b e of Disbursement or Obligation
Purp Sal	pose of Expenditure ary		Category/ Type 001		10 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam	ne of Federal Candidate		Support	Office Sou	ght: House District: 00
Ms.	Mary L Landrieu		X Oppose	Presi	ident State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	85890.19	Disburseme 2014	ent For:
	Name of Payee			Date	e of Public Distribution/Dissemination
Ha	annah J Landry				10 14 2014
Mail	ling Address 1110 N Coolidge			A m.	
				Amo	ount
City	,	State	Zip Code		4.05
	nzales	LA	70737	Tran	saction ID: 888dcbce-800d-42c6-8 e of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		10 14 2014
Nan	ne of Federal Candidate		Support	Office Sou	ight: House District: 00
Ms.	Mary L Landrieu		X Oppose	Pres	sident X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	185890.19	Disburseme 2014	nent For: Primary
(a) S	SUBTOTAL of Itemized Independent Expenditure	es		▶	24.05
(b) S	SUBTOTAL of Unitemized Independent Expendit	ures		··· •	
(c) T	OTAL Independent Expenditures			··· \	
with,	r penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Dat	te 10	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Si	gnature		_		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXPEND	HOILS	PAGE FOR SE	71 OF 98 OF FORM 24/48
NAME OF COMMITTEE (In Full)				ATION NUMBER ▼
Women Speak Out PAC			C C0053070	
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	t filed on	/ Y = Y = Y
Full Name of Payee			Date of Public Distribut	ion/Dissemination
Mary C Lee			10 / D D	/ Y Y Y Y Y Y 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		20.00
Gonzales	LA	70737	Transaction ID : f810a Date of Disbursement	82d-d93c-44fd-a
Purpose of Expenditure Salary		Category/ Type 001	10 / 14	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Mary L Landrieu		X Oppose	President Senate	e State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement For: Prim 2014 Other (specify) ▶	nary X General
Full Name of Payee			Date of Public Distribu	tion/Dissemination
Mary C Lee			10 / 14	2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		4.05
Gonzales	LA	70737	Transaction ID: 8097b	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 14	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Mary L Landrieu		X Oppose	President Senate	
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement For: ☐ Prin 2014 ☐ Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures			24.05
			-	
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>	
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 16 / Y	y y y 2014

Schedule E)	i LNDITOTILO	PAGE 72 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	filed on hand / Dad / Yayayay
Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination
Mailing Address 211 Dixie Ave		10 14 2014 Amount
City State	Zip Code	45.00
Harrisonburg VA	22801	Transaction ID : a1b435fe-bc71-4d14-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 14 2014
Name of Federal Candidate	Support C	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Zachary R McCleese		10 14 2014
Mailing Address 323 Rolling Pines Dr		Amount
City State Spring Lake NC	z Zip Code 28390	70.00 Transaction ID : 5210a71a-a031-46c7-b
Purpose of Expenditure		Date of Disbursement or Obligation
Salary	Category/ Type 001	10 / 14 / 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures)	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expwith, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Emily Buchanan	[Electronically Filed] Date	10 16 2014
Signature		

Schedule E)		10.120		PAGE 73 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour	r report New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Zachary R McCleese				ic Distribution/Dissemination
Mailing Address 323 Rolling Pines Dr			10 ^M	14 2014
- 3_3			Amount	
City Spring Lake	State NC	Zip Code 28390		53.70 ID : af5f3619-4f3d-4ba9-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disb	ursement or Obligation 14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President [Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	65388.67	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Randy M Gold			Date of Publ	lic Distribution/Dissemination
Mailing Address 1436 Haigs Creek D	'r		Amount	
City	State	Zip Code		55.00
Elgin	SC	29045	Transaction I Date of Disb	D: be1795fb-42a5-4850-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		165388.67	Disbursement For: 2014 Other (s	Primary X General pecify) ►
(a) SUBTOTAL of Itemized Independent	t Expenditures		>	108.70
(b) SUBTOTAL of Unitemized Independ	ent Expenditures		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10 16	2014
Signature				

Schedule E)	INT EXI END	71101120		PAGE 74 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FFC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Randy M Gold			M = M	blic Distribution/Dissemination
Mailing Address 1436 Haigs Creek Dr			Amount	14 2014
City	State	Zip Code		29.61
Elgin	SC	29045		on ID: ac050e55-40c7-45f0-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 N	14 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		165388.67	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	ıblic Distribution/Dissemination
Kaleigh J Wagner			M = M 10	/ D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 18065 Wayne Rd			Amount	
City	State	Zip Code		55.00
Odessa	FL	33556		n ID : db68e3cd-4a42-41b9-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		165388.67	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	tures			84.61
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
				7 7 7
(c) TOTAL Independent Expenditures			· •	7 7
Under penalty of perjury I certify that the indeperment, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	e 10 16	
Signature				

Schedule E)	DENT EXTEND	ITOTIES	PAGE 75 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination
Mailing Address 629 Radiance Ave			10 14 2014
			Amount
City	State	Zip Code	80.00
Metairie	LA	70001	Transaction ID: 37568e8b-e56c-43ec-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Evelyn Lesaicherre			10 14 2014
Mailing Address 629 Radiance Ave			Amount
City	State	Zip Code	3.60
Metairie	LA	70001	Transaction ID : 1d853381-a07b-4819-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,.,	185890.19	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expe	nditures		83.60
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			·
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	LINDITOTICO	PAGE 76 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report fi	led on Mam / Dab / Yayayay
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination
Mailing Address 300 Evangeline St		10 14 2014 Amount
City State	Zip Code	50.00
Monroe LA	71201	Transaction ID : 467ffb27-8cdb-42e8-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 14 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose [President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Brandy Starns		10 14 2014
Mailing Address 300 Evangeline St		Amount
City State	Zip Code	7.20
Monroe LA	71201	Transaction ID : 98ca71c1-40fe-429f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 14 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		57.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	Electronically Filed] Date	10 16 2014
Signature		

Sched	ule E)		110.120		PAGE 77 OF 98 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee lie Clifton				of Public Distribution/Dissemination
	ng Address 712 St. Martin Lane			TM	10 / 14 / 2014
	7 12 St. Maturi Lane			Amou	nt
City		State	Zip Code		28.30
	sier City	LA	71111		action ID : c6973db4-eb33-4626-a of Disbursement or Obligation
Sala	ose of Expenditure ary		Category/ Type 001	M	10 14 7 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	Name of Payee			Date	of Public Distribution/Dissemination
Ju	lie Clifton			TN	10 14 2014
Mail	ing Address 712 St. Martin Lane				لىنىا لىا ك
				Amou	nt
City		State	Zip Code		6.24
	ssier City	LA	71111	Transa Date	oction ID : 63e4a3ee-5e37-4c41-a of Disbursement or Obligation
	ose of Expenditure eage		Category/ Type 002	N	10 / 14 / 2014
Nam	ne of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 7	185890.19	Disbursemen 2014	t For:
(a) S	UBTOTAL of Itemized Independent Expendite	ıres		· •	34.54
(b) S	UBTOTAL of Unitemized Independent Expen	ditures		· •	
(c) T	OTAL Independent Expenditures			•	7
with,	penalty of perjury I certify that the indepen or at the request or suggestion of, any candi committee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	m M /	16 2014
Sig	gnature		_		

Schedule E)	= /(1 =			PAGE 78 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Data of	5.11 Distribution/Discomination
Paul Rickert			Date of	
Mailing Address 710 St. Martins Lane			Amount	
City	State	Zip Code		40.00
Bossier City	LA	71111		ction ID: 047a302c-6ae8-4ec0-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	0 14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	1	185890.19	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Paul Rickert			Date of	Public Distribution/Dissemination
Mailing Address 710 St. Martins Lane			1	0 14 2014
			Amount	
City	State	Zip Code		6.30
Bossier City Purpose of Expenditure	LA	71111	Date of	tion ID : 8e847ba8-fc4e-4109-a Disbursement or Obligation
Mileage		Category/ Type 002	1	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			, , , , ,	46.30
(a) SUBTUTAL OF REHIEZED HIDEPENDERIC Experiorations.			· -	40.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· -	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		16 2014
Signature				

NAME OF COMMITTEE (In Full) Women Speak Out PAC Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Todd Ellis Mailing Address P.O. Box 712 Fig. Code	ORM 24/48
Check if 24-hour report	NUMBER ▼
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Todd Ellis Mailing Address P.O. Box 712 Amount	
Todd Ellis Mailing Address P.O. Box 712 Amount	Y = Y = Y
Mailing Address P.O. Box 712 Amount	ssemination
Amount	2014
City State 7in Code	
City State Zip Code	80.00
Alexander AR 72002 Transaction ID : 53840509-a Date of Disbursement or Obli	
Purpose of Expenditure Salary Category/ Type 001 10 Angle Day 14	2014
Name of Federal Candidate Support Office Sought: House Dis	strict: 00
Mr. Mark L Pryor	State: AR
Calendar Year-To-Date Per Election for Office Sought 165388.67 Disbursement For: □ Primary 2014 □ Other (specify) ▶	General
Full Name of Payee Date of Public Distribution/Dis	ssemination
Todd Ellis	2014
Mailing Address P.O. Box 712 Amount	
City State Zip Code	31.50
Alexander AR 72002 Transaction ID: 42f280ed-9be Date of Disbursement or Obli	
Durage of Evaporditure	2014
Name of Federal Candidate Support Office Sought: House Dis	strict: 00
Mr. Mark I Prvor	State: AR
Calendar Year-To-Date Per Election for Office Sought 165388.67 Disbursement For: □ Primary 2014 □ Other (specify) ▶ □	X General
(a) SUBTOTAL of Itemized Independent Expenditures	111.50
(a) 555 5 11 2 5 10 10 10 10 10 10 10 10 10 10 10 10 10	111.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is n party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 16 2014 Signature	· Y

Schedule E)		NDENT EXTENS	1101120		PAGE 80 OF 98 FOR SE OF FORM 24/48
	IMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Sp	peak Out PAC				C C00530766
Check if 24	I-hour report X 48-hour rep	ort New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of	of Pavee			Date o	f Public Distribution/Dissemination
Shantal	C Culbreath			M	10 14 2014
Mailing Add	ress 4691 Hercules Lane			Amoun	nt
City		State	Zip Code		100.00
Woodbridge		VA	22193		action ID: 73b48cc6-efe0-4750-8 If Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001		10 14 2014
Name of Fe	deral Candidate		Support	Office Sought	: House District:00
Ms. Mary L	Landrieu		X Oppose	Preside	
	ar Year-To-Date ection for Office Sought	1	185890.19	Disbursement 2014 Ot	For: Primary
Full Name				Date c	of Public Distribution/Dissemination
Timothy	Foley				10 14 2014
Mailing Add	ress 20679 Glenbrook Terrac			_ _	10 14 2014
	20070 0101101001 101100	C		Amour	nt
City		State	Zip Code		5.00
Sterling		VA	20165	Transac Date c	ction ID : 1f782067-52dc-4b84-8 of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001		10 D D D Y Y Y Y Y Y Y
Name of Fe	ederal Candidate		Support	Office Sought	t: House District: 00
Mr. Mark L	Pryor		X Oppose	Preside	
	ar Year-To-Date ection for Office Sought		165388.67	Disbursement 2014 Ot	t For:
(a) SUBTOTA	AL of Itemized Independent Exp	oenditures		• •	105.00
(b) SUBTOTA	AL of Unitemized Independent I	Expenditures		·· •	1 7 1 1 7 1 7
(c) TOTAL In	ndependent Expenditures			· •	7
with, or at the		candidate or authorized			ooperation, consultation, or concert he reporting entity is not a political
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	16 2014
Signature			_		

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee]	Date of Public Distribution/Dissemination
Adena V Smith		10 14 2014
Mailing Address 450 Judson Dr	, , , , , , , , , , , , , , , , , , ,	Amount
City	State Zip Code	20.00
Wake Forest		Fransaction ID: 4bca9335-1e93-4207-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 14 2014
Name of Federal Candidate	Support Office S	Sought: House District:00
Ms. Kay Hagan	Oppose P	resident State: NC
Calendar Year-To-Date Per Election for Office Sought	1006579.54 Disburs 2014	ement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Michael Vidrine Mailing Address 1103 West Wilson Street		Date of Public Distribution/Dissemination 10 14 2014 Amount
City	State Zip Code	65.00
Ville Platte		ransaction ID : 51f16a52-0b24-4e0c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 14 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought	185890.19 Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures		85.00
(b) SUBTOTAL of Unitemized Independent Expenditure	ss	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 10	16 2014
Signature		

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OF

Schedule E)		101120		PAGE 82 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			M = M	ic Distribution/Dissemination
Mailing Address 1103 West Wilson Street			10 Amount	14 2014
City	State	Zip Code		18.90
Ville Platte	LA	70586		ID : a75ad4fc-225b-42c3-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	85890.19	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee Phillip Williams			M = M	lic Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amount	14 2014
City	State	Zip Code		80.00
Greensboro	NC	27407		ID: 3e14cddf-bfc7-4e44-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1006579.54	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	98.90
(b) SUBTOTAL of Unitemized Independent Expenditu	res		·	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	10 / 16	2014

Schedule E)	IN EXIEND	HONES	PAGE 83 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			10 14 2014 Amount
City	State	Zip Code	17.10
Greensboro	NC	27407	Transaction ID : cff86652-cfd0-4f0d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 14 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	006579.54	Disbursement For:
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			10 14 2014 Amount
City	State	Zip Code	80.00
Greensboro	NC	27407	Transaction ID: e102ba6b-918f-4e67-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1006579.54	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	ures		97.10
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g. (a.a.)			

Scl	hedule E)	IXI ENDI	TOTILO			PAGE 84 OF 98 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C00530766
Ob -	ali if OA have report V 40 have report	Z Na	t \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	w tiled on	M = M /	D = D / Y = Y = Y
Une	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on		
	Full Name of Payee Krystal A Wilson			Date	of Public	Distribution/Dissemination
	Mailing Address 448 Judson Dr			Amo	ount	
ŀ	City Sta	ate	Zip Code	-		20.00
		IC	27587			ID: 505c9faf-89c8-4067-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M 10	14 2014
ı	Name of Federal Candidate		Support	Office Soug	ght:	House District: 00
	Ms. Kay Hagan		X Oppose	Presi		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	06579.54	Disburseme 2014	ent For: Other (sp	Primary
Γ	Full Name of Payee			Date	of Public	c Distribution/Dissemination
١	Krystal A Wilson				M M M 10	14 2014
ľ	Mailing Address 448 Judson Dr			A		
١				Amo	ount	
Ī	City Sta	ate	Zip Code			1.50
		IC	27587			D: 4cc26797-b9b9-4303-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \cdot \mid$	10	14 / 2014
	Name of Federal Candidate		Support	Office Sou	ght:	House District:00
	Ms. Kay Hagan		X Oppose	Presi	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disburseme 2014	ent For: Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditures			• •		21.50
(b) SUBTOTAL of Unitemized Independent Expenditures			· • [-7	
(c) TOTAL Independent Expenditures			•		
W	Inder penalty of perjury I certify that the independent e vith, or at the request or suggestion of, any candidate of arty committee) any political party committee or its ager	r authorized				
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	M M M	16	/ Y Y Y Y Y Y 2014
	Signature		_			

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Lee R Carter		10 14 2014
Mailing Address 3110 Brentwood Rd	Ar	mount
City Sta	ate Zip Code	80.00
Raleigh		ransaction ID: 2b7a50f4-fc3a-40b5-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sc	ought: House District: 00
Ms. Kay Hagan	Oppose Pre	esident State: NC State:
Calendar Year-To-Date Per Election for Office Sought	1006579.54 Disbursel	ment For:
Full Name of Payee Lee R Carter Mailing Address 3110 Brentwood Rd		ate of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	ate Zip Code	15.60
Raleigh		ansaction ID: 483cd467-fd66-4c8d-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 14 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	∑ Oppose	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1006579.54 Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	95.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its agent	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	16 2014
Signature		

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OF

Schedule E)	DENT EXTEND	TTOTILO	PAGE 86 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			10 14 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	80.00
New Orleans	LA	70131	Transaction ID : 38c651b6-3758-4a80-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement For: Primary General
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			10
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	20.10
New Orleans	LA	70131	Transaction ID : 7bf15741-3c74-47da-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		100.10
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	iically Filed] Date	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
y			

Schedule E)	.// LINDII 0			PAGE 87 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New report	Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Laura U Logie				10 14 2014
Mailing Address 2565 Shire Circle			Amour	nt
City Sta	ate Zip Coo	 de		40.00
Harrisonburg V	/A 22801			action ID: 68abb86b-67e9-4dbb-b f Disbursement or Obligation
Purpose of Expenditure Salary	Categ	ory/ jype 001		10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	· ·	Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	185890.1	9	Disbursement 2014 Ot	t For:
Full Name of Payee Brenda L McCune			Date of	of Public Distribution/Dissemination
Brenda L McCurie			M	10 14 2014
Mailing Address 1254 Fleming St Apt 6			Amou	nt
City Sta	ate Zip Co	de e	-	100.00
1 '	AR 72032		Transa Date of	ction ID : 042de254-dc1f-454b-b of Disbursement or Obligation
Purpose of Expenditure Salary	Categ	ory/ jype 001	М	10 14 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1653	88.67	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				140.00
(4)				77 77 77
(b) SUBTOTAL of Unitemized Independent Expenditures			·· •	7 7 7
(c) TOTAL Independent Expenditures			· ·	7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized commit			
Ms. Emily Buchanan	[Electronically Fil	ed] Date	e 10	16 2014
Signature				

Sched	lule E)	1 =/(1 = (1 =)	1101120		PAGE 88 OF 98 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check i	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee renda L McCune				of Public Distribution/Dissemination
Mai	ling Address 1254 Fleming St Apt 6			Amou	10 14 2014
City		State	7:n Codo		10.20
City	nway	AR	Zip Code 72032		action ID : e5e1aec1-5eb7-438f-b of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		10 14 2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Mr.	Mark L Pryor		X Oppose	Preside	Place Bistrict.
	Calendar Year-To-Date Per Election for Office Sought	1	165388.67	Disbursement 2014 Or	t For: Primary X General ther (specify) ▶
M	Name of Payee iranda A Resinos ling Address 1430 Sunnyside Rd				of Public Distribution/Dissemination
City	1	State	Zip Code	-	80.00
Alr		AR	72921	Transa Date	ction ID: 83583ac0-b532-4e5e-a of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		10 14 2014
Nar	ne of Federal Candidate		Support	Office Sough	t: House District:00
Mr.	Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	165388.67	Disbursemen 2014 O	t For:
(a) S	SUBTOTAL of Itemized Independent Expenditure	9S			90.20
(b) S	SUBTOTAL of Unitemized Independent Expendit	ures		>	
(c) 1	TOTAL Independent Expenditures			·· •	7
with,	or penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	ite or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	16 2014
S	ignature				

Schedule E)	1011 01120	PAGE 89 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	report Amends report f	iled on
Check ii 24-nour report 46-nour report New	report Amends report i	illed Off
Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination 10 14 2014
Mailing Address 1430 Sunnyside Rd		Amount
City State	Zip Code	45.60
Alma AR	72921	Transaction ID : f80ba2ad-186a-4362-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Eric Resinos		10 14 2014
Mailing Address 1430 Sunnyside Rd		Amount
City State	Zip Code	75.00
City State Alma AR	72921	Transaction ID : c64352c5-1824-48ee-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		120.60
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURES	•••••	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Elect	tronically Filed] Date	10 16 2014
Signature		

Schedule E)	ENT EXILIB	TIONES	PAGE 90 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric Resinos			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1430 Sunnyside Rd			Amount
City	State	Zip Code	64.80
Alma	AR	72921	Transaction ID: a345fb1e-9075-49ef-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		165388.67	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			10
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	45.00
Charlotte	NC	23215	Transaction ID: 4958dad3-7796-4518-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		1006579.54	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Expendent	ditures		109.80
(1) OUDTOTAL (11):	15		
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

· · · · · · · · · · · · · · · · · · ·				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New report	Amends repor		M / D D / Y Y Y Y Y
Full Name of Payee Lorri Anderson			Date of	of Public Distribution/Dissemination
			M	10 14 2014
Mailing Address 7214 Duchamp Dr			Amou	nt
City	State Zi	ip Code		3.60
Charlotte	NC 2	3215		action ID : de28eb4f-8d71-4f86-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 14 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan		X Oppose	Preside	ent X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1006	6579.54	Disbursemen 2014 O	t For: Primary ⊠ General
Full Name of Payee Jordan L Randall				of Public Distribution/Dissemination
Mailing Address 27 Mesa St			Amou	10 14 2014 nt
City	State Z	ip Code	- [20.00
Kenner	LA 7	70065		ction ID : acd7b58c-9a43-410d-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 / 14 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	185890.19	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [23.60
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· [7 7 7
(c) TOTAL Independent Expenditures			-	7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized co			
Ms. Emily Buchanan	[Electronica	ally Filed] Date	10 /	16 2014
Signature				

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OF

Schedule E)	El Eliberti Exi Elib.	101120		PAGE 92 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
		. 🗆 🐧	M M M	/ D = D / Y = Y = Y
	our report New repo	ort Amends repo	rt filed on	
Full Name of Payee Jordan L Randall			Date of Publi	ic Distribution/Dissemination
Mailing Address 27 Mesa St			Amount	
City	State	Zip Code		7.50
Kenner	LA	70065		ID : f3c2bb9a-e407-4afd-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President [Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	85890.19	Disbursement For: 2014 Other (specification)	Primary X General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Christine Stevens			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct				
			Amount	
City	State	Zip Code		80.00
Winchester	VA	22602	Transaction I Date of Disb	D: 094f3002-9fdb-4c76-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independ	ent Expenditures		. •	87.50
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		· >	4 1 4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	10 16	/ Y Y Y Y Y 2014
Signature				

Schedule E)	INT EXICITE	ATOTILO	PAGE 93 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination
Mailing Address 100 ASBURY CT			10 14 2014
3 TOO ASSOCIATION			Amount
City	State	Zip Code	70.00
WINCHESTER	VA	22602	Transaction ID: de70b2df-4d34-4480-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		185890.19	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			10 14 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID: 706eb1f4-5894-49a6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	185890.19	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		140.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	nically Filed] Date	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	PAGE 94 OF 98 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report	filed on
Full Name of Payee Rodney O Culbreath	Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	80.00
Winchester VA 22602	Transaction ID : 42c68672-d745-4ca5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 14 / 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calcidal Ical lo Date	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	10 14 2014
Mailing Address 100 Asbury CT	Amount
3200 Dam Neck Rd	
City State Zip Code Winchester VA 22602	80.00 Transaction ID: c239b88d-508d-44a6-b
Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation M 10 14 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(-)	7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 16 2014
Signature	

Schedule E)		IDENT EX. E.T.	1101120		PAGE 95 OF 98 FOR SE OF FORM 24/48
	MMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
Check if 2	4-hour report X 48-hour repo	ort New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name	of Payee			Date of	Public Distribution/Dissemination
Rze Cu				M 10	
Mailing Add	ress 100 Asbury Ct			Amount	
City		State	Zip Code		80.00
Wincheste		VA	22602		ction ID : 2f76be6c-0686-406b-a Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001	M 10	M / D D / Y Y Y Y
Name of Fe	ederal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L	Landrieu		X Oppose	President	
	lar Year-To-Date ection for Office Sought	1	185890.19	Disbursement F 2014 Othe	For: Primary
Full Name				Date of	Public Distribution/Dissemination
Chance	B Ross			M	
Mailing Add	Iress 920 W Gracewood Apt 10				0 14 2014
	920 W Glacewood Apr 10	OI		Amount	
City		State	Zip Code		70.00
Fayetteville		AR	72701	Transact Date of	ion ID : dde9462f-2f6a-4082-a Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001	10	
Name of F	ederal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L	Pryor		X Oppose	Presiden	t Senate State: AR
	dar Year-To-Date ection for Office Sought		165388.67	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOT	AL of Itemized Independent Exp	enditures		•	150.00
(b) SUBTOT	AL of Unitemized Independent E	xpenditures		· -	711717
(c) TOTAL	ndependent Expenditures			· .	7 1 7 1 2
with, or at th		candidate or authorized			operation, consultation, or concert e reporting entity is not a political
	Ms. Emily Buchanan	[Electron	ically Filed] Date	4.0	16 2014
Signature			_		

Sc	hedule E)		101120		PAGE 96 OF 98 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report New	repc	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee Chance B Ross			D	Date of Public Distribution/Dissemination
-	Mailing Address 920 W Gracewood Apt 106				10 14 2014
				A	mount
	City State Fayetteville AR		Zip Code 72701		26.10 ransaction ID: d9f85e59-c280-4484-a
-	Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 14 2014
ŀ	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Mr. Mark L Pryor		Support Oppose		resident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	10	65388.67	Disburse 2014	ement For:
	Full Name of Payee Carol L Walters				Date of Public Distribution/Dissemination
	Mailing Address 1900 Glen West Way			A	Amount
ľ	City State		Zip Code		120.00
	Fort Smith AR		72916	Tra	ansaction ID : aab56303-6796-457d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office S	ought: House District: 00
	Mr. Mark L Pryor		X Oppose	Pr	resident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	,	165388.67	Disburse 2014	ement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures			•	146.10
((b) SUBTOTAL of Unitemized Independent Expenditures			• [
((c) TOTAL Independent Expenditures			• [
W	Under penalty of perjury I certify that the independent expenditu vith, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Elec	ctroni	ically Filed] Date	M = M 10	16 2014
	Signature				

Sch	nedule E)	PAGE 97 OF 98 FOR SE OF FORM 24/48	
	IE OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Wc	omen Speak Out PAC	C C00530766	
		M M / D D / Y Y Y Y	
Check if 24-hour report 48-hour report New report Amends report filed on			
	Full Name of Payee Carol L Walters	Date of Public Distribution/Dissemination	
N	Mailing Address 1900 Glen West Way	10 14 2014	
ı		Amount	
C	City State Zip Code	42.30	
	Fort Smith AR 72916	Transaction ID: 00130df2-0c22-45dc-9 Date of Disbursement or Obligation	
	Purpose of Expenditure Mileage Category/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
١	Name of Federal Candidate Support Off	ice Sought: House District: 00	
	Mr. Mark L Pryor Oppose	President State: AR	
	Calendar Year-To-Date Per Election for Office Sought Dis 20'	bursement For: Primary X General Other (specify) ▶	
	Full Name of Payee	Date of Public Distribution/Dissemination	
	Jon Linch	10 14 2014	
N	Mailing Address 6108 Harkins Ave		
		Amount	
	City State Zip Code	10.00	
	Little Rock AR 72210	Transaction ID : 4d8de4a4-9dec-4663-9 Date of Disbursement or Obligation	
	Purpose of Expenditure Salary Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
1	Name of Federal Candidate Support Off	ice Sought: House District: 00	
Ľ	Mr. Mark L Pryor Oppose	President Senate State: AR	
	Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary X General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c	c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date	10 16 2014	
	Signature		

Schedule E)	PAGE 98 OF 98 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	C C00530766		
Check if 24-hour report X 48-hour report New report Amends report filed on			
Full Name of Payee	Date of Public Distribution/Dissemination		
Jon Linch	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 6108 Harkins Ave	Amount		
City State Zip Code	10.20		
Little Rock AR 72210	Transaction ID: 8ec14244-c48d-448f-a Date of Disbursement or Obligation		
Purpose of Expenditure Mileage Category/ Type 002	10 14 2014		
Name of Federal Candidate Support Office	Sought: House District: 00		
Mr. Mark L Pryor Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary X General Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
Mailing Address			
	Amount		
City State Zip Code			
Purpose of Expenditure Category/	Date of Disbursement or Obligation		
Type			
Name of Federal Candidate Support Oppose	President Senate State:		
	ursement For: Primary General		
Per Election for Office Sought	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	8016.05		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
[Electronically Filed] Date 1	0 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			